## **MISSISSIPPI**

## FETAL ALCOHOL SPECTRUM DISORDERS

**STATE PLAN 2009 - 2012** 

Mississippi Advisory Council for Fetal Alcohol Spectrum Disorders (MS ACFASD)

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# FASD STATE PLAN 2009 - 2011

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#### MISSISSIPPI FASD STATE PLAN

#### MISSISSIPPI ADVISORY COUNCIL FOR FETAL ALCOHOL SPECTRUM DISORDER

#### **Overview and Background**

Since 2003, much effort has gone into championing the cause for FASD children and their families in Mississippi. A list of these accomplishments in chronological order follows:

#### **2003**

- "Town Meeting" in Jackson, MS by the Department of Mental Health, Division of Children and Youth Services
  Director to begin educating professionals about FASD.
- Mississippi representatives attend SAMHSA 1<sup>st</sup> System of Care Meeting on FASD in Washington, D.C.
- DMHDCYS Director begins to meet regularly with other state agency representatives and DMH staff to coordinate FASD efforts and future directions.
- Annual MS Conference on Juvenile Justice includes Dan Dubovsky, FASD Center for Excellence, on the program.
- MS DMH 9<sup>th</sup> Children's Mental Health Institute, Jackson, MS includes Dan Dubovsky, FASD Center for Excellence, on the program.
- DMHDCYS Director meets with a small key group of providers of A&D services, adoption services, and children's mental health services regarding "next steps" following 2003 Children's Mental Health Institute.
- Formation of preliminary and first State FASD Task Force to begin to formalize a structure for future steps.
- First meeting to establish the initial State FASD Task Force. Focus for Task Force is the development of a plan for a cross-agency system of care infrastructure to address preventing, identifying, and serving those most at risk for FASD.

#### 2004

- Two-day technical assistance and work sessions with Dan Dubovsky, FASD Center for Excellence, with MS Task Force in preparation for 1<sup>st</sup> MS Symposium on Effects of Alcohol During Pregnancy.
- 1<sup>st</sup> MS Symposium of Effects of Alcohol During Pregnancy, Jackson, MS
- Official designation of DMHDCYS Director by Department executive leadership as State FASD Coordinator.
- MS DMH receives a 1-year contract from FASD Center for Excellence, Northrop Grumman, to develop a plan for implementing a 4-year FASD screening, diagnosis, and treatment project. One requirement of the contract is the establishment of a state-wide task force to oversee the development and implementation of the contract.

#### **2005**

- The original State FASD Task Force and the contract-required task force are merged, new members added, and renamed the "Mississippi Advisory Council on Fetal Alcohol Spectrum Disorders" (MS-ACFASD).
- MS DMH receives 4-year grant award to implement the FASD intervention plan. A full-time project director is hired to administer the project.
- The MS AC-FASD is re-focused on the development of the state plan for FASD. A consulting firm, the Parham Group, is retained by DMH to lead and facilitate the development of the plan.
- Numerous AC-FASD plan development committee meetings with planning consultant.

#### 2006

- Numerous AC-FASD plan development committee meetings with planning consultant.
- AC-FASD meets, reviews and revises the final draft plan.
- AC-FASD meets and formally approves State Plan document.

- Mississippi's FASD State Plan is submitted to the FASD Center for Excellence at the annual Building FASD State Systems conference
- Pine Belt Mental Health Services was funded for a multi-year FASD Prevention and Intervention project using Project CHOICES to screen women of childbearing age for risk of alcohol-exposed pregnancy in two counties in Mississippi

#### **Ongoing Efforts in Mississippi**

- State FASD Coordinator is now a permanent position within MDMH
- MS AC-FASD is permanently instituted with By-Laws and membership appointed by the Executive Director of MDMH
- The multi-year FASD state plan is implemented by MS AC-FASD
- FASD screening, diagnosis, and treatment is being mainstreamed through the statewide System of Care
- The annual FASD symposium is permanently established through inclusion in the MDMH overall State Plan
- FASD is being fully incorporated into the state's A & D Prevention Services
- FASD is fully incorporating Early Intervention Services
- FASD is now included in the MDMH State Plan as required by SAMHSA
- There is an established FASD diagnostic clinic at University of MS Medical Center's Child Development Clinic
- State and regional FASD training occurs regularly
- Mississippi was funded in 2008 for a multi-year statewide FASD screening, diagnosis and treatment project

## **Plan Process and Development**

Through a facilitated process, the MS Advisory Council for Fetal Alcohol Spectrum Disorders (ACFASD) identified current needs, gaps, and barriers relating to FASD prevention and intervention in the state. The identified primary barriers regarding the prevention of FASD are:

- Lack of (or low) Awareness by physicians, mental health professionals, school officials, and social service workers of FASD.
- Lack of (or low) knowledge of FASD by expectant mothers
- Low reliability of mother self-report
- Lack of uniform identification of babies born to at-risk mothers
- Limited data and statistics on FASD prevalence

The identified primary barriers regarding FASD intervention are:

- Limited FASD screening and assessment capabilities in the state
- Limited FASD diagnostic capacity in the state
- Lack of integration of FASD into individual treatment plans
- Limited access and availability of FASD intervention resources
- Limited data/statistical collection for diagnosis and treatment outcomes
- FASD not being identified as a diagnosis

## **Primary Goals or Focus Areas of the FASD State Plan**

- To significantly reduce prenatal alcohol consumption by women of child-bearing age, particularly pregnant women, through increasing public awareness of FASD, expanding education opportunities for professionals, and promoting healthy public policies and actions.
- To expand early identification, screening, and diagnosis of children with FASD; and to develop and ensure the availability and accessibility of appropriate, effective interventions and supports for children and their families.

Outlined in the following pages are the ACFASD Members' recommended strategies and activities needed to address the barriers identified above and to accomplish the stated goals.

## PREVENTION OF FASD AND PROMOTION OF HEALTHY BEHAVIORS

**Objective I**: Reduce the Number of Babies Born With FASD

Strategies	Activities	Timeline
A. Increase Public Awareness of FASD and risks of drinking during pregnancy	Establish uniform and consistent education and awareness programs     a. Public awareness campaign         - Radio, TV, Newspaper PSA's         - Insert flyers in bank statements, utility bills, etc.         - Community service organization presentations         - Billboards	Yr 3 Yr 1
	<ul> <li>b. Targeted awareness campaign</li> <li>Develop a high school and college campus FASD education and awareness program</li> <li>Develop appropriate awareness "pieces" for pediatrician, ob/gyn, and child mental health professional offices</li> <li>Utilize the 5 Regional A&amp;D Abuse Resource (RADAR) Centers to disseminate educational Materials</li> <li>Provide appropriate training and awareness for school nurses</li> <li>Get FASD education on state medical associations continuing ed programs</li> <li>2. Establish support/advocacy group for parents of children with FASD</li> </ul>	Yr 1 Yr 2 Yr 1 Yr 2 Yr 2 Yr 2
B. Establish Centralized FASD Data Collection and Analysis for both prevention and intervention surveillance statistical information.	<ol> <li>Develop a centralized database at DMH for the collection of monthly/quarterly data.</li> <li>Identify sources of existing data that are available and appropriate, such as: a. birth defect registry         <ul> <li>school nurses and special ed teachers</li> <li>pediatricians' and ob/gyn offices</li> <li>health department</li> <li>DHS social workers</li> <li>mother self-report</li> </ul> </li> </ol>	Yr 2 Yr 1

	<ul> <li>g. Community Mental Health Center A&amp;D Coordinators h. community agencies</li> <li>3. Determine collection process (who should collect data, what data should be collected and timeframes for collections)</li> </ul>	Yr 2
	4. Develop and implement analysis plan	Yr 2
	5. Train the appropriate staff at CMHCs to collect the data, the type of data to be collected and timeframes for collections	Yr 3
	6. Review other state's reporting systems of FASD to avoid common pitfalls	Yr 1
	Obtain technical support and assistance from CDC Surveillance Program regarding this issue	Yr 1
	8. Use existing project CHOICES as model for identification, collection, and analysis of appropriate prevention FASD surveillance data. (see addendum to this report for proposed objectives and outcomes for this prevention project.)	Yr 1
	9. Use existing DMH intervention grant project as model for identification, collection, and analysis of appropriate intervention FASD surveillance data. (see addendum to this report for objectives and outcomes for this intervention project.)	Yr 1
C. FASD Recognized as a Diagnosis	Educate therapists, clinicians, and psychologists on the inclusion of FASD on diagnostic assessments.	Yr 3
	Collaboration with FASD national organizations on providing data for APA to include FASD in the next revision of DSM IV-TR.	Yr 3
	Continue to establish standard guidelines for FASD diagnosis and treatment	Yr 2
	Work with Medicaid and private insurance to ensure coverage of related FASD services	Yr 3 6

# EARLY INTERVENTION AND TREATMENT

# Objective II: Expand/enhance the availability and use of treatment services for children/youth with FASD

	Strategies	Activities	Time Line
Establish broad-based identification, screening, and diagnosis of children/youth with FASD		Provide ongoing training on FASD identification, screening, and referral	Yr 1 ongoing
	diagnosis of children/youth with FAOD	2. Create appropriate and timely access to FASD diagnostic services	Yr 1
		3. Promote appropriate FASD screening for children and youth	Yr 1 ongoing
		Promote identification of at-risk moms by medical professionals (see Project Choices addendum for additional information on this activity)	Yr 1
		5. Modify intake forms to include "FASD-related " questions in all state agencies, particularly tin the Division of Youth Services/MDHS programs	Yr 2
B. Integrate FASD intervention services into		Educate providers on appropriate interventions for inclusion on treatment plans.	Yr 2
	appropriate treatment/service plans	2. Identify organizations and processes in which integration is appropriate	Yr 2
		Determine vehicle by which integration can be accomplished in organizations and processes.	Yr 2
		4. Develop an integration plan	Yr 2
		5. Monitor integration activities	Yr 3 ongoing
		Train appropriate CMHC staff on best practices involving integration of FASD intervention services into treatment /service plans	Yr 3 ongoing
		Provide training for parents and professionals that is interactive and after working hours	Yr 3 ongoing
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	Establish model standardized processes, procedures, and tools to gather information on integration of FASD interventions Into treatment/service plans	Yr 3
C. Identify/Address FASD intervention service and support availability throughout the state	<ol> <li>Children's Services Coordinators develop a list of FASD interventions and support services offered in the region.</li> <li>Develop a resource guide identifying services and support</li> <li>Establish an online directory of providers of service to individuals with FASD.</li> <li>Identify appropriate and efficient referral portals or points of entry into these Services/supports</li> <li>Establish an online parent support group.</li> </ol>	Yr 1 Yr 2 Yr 2 Yr 2 Yr 3
D. Provide family education and support services	<ol> <li>Integrate state-wide family support with existing system of care support for families</li> <li>Expand availability of respite services for families statewide</li> <li>Integrate advocacy and other support for and by families</li> </ol>	Yr 3 Yr 3 Yr 2 ongoing
F. Sustain access and availability of appropriate services/ support for children/youth with FASD	Access funding through the MS Legislature, SAMHSA Block Grants (CSAT) and Discretionary funding opportunities     Continue to work on recognition as diagnosis for funding through Medicaid and private insurance     Seek appropriate Federal and state funding opportunities     Support and coordinate with any state agency their efforts to obtain funding for FASD-related research and/or services.	Yr 3 ongoing Yr 3 ongoing ongoing ongoing

## MISSISSIPPI FASD STATEWIDE INITIATIVE

### MISSISSIPPI ADVISORY COUNCIL FOR FETAL ALCOHOL SPECTRUM DISORDERS

## **1<sup>ST</sup> YEAR IMPLEMENTATION PLAN**

June 2009 - May 2010

## Objective I: Reduce the Number of Babies Born With FASD

Strategy	Activities	Who	Measurable Outcome
Increase Public Awareness of FASD and risks of drinking during pregnancy	Public awareness campaign - Radio, TV, Newspaper PSA's - Insert flyers in bank statements, utility bills, etc Community service organization presentations - Billboards	AC-FASD Prevention Committee; consultant	3 Public Service Announcements created and delivered  4 presentations to community organizations
	Targeted awareness campaign efforts:  - Develop a high school and college campus FASD Education and awareness program  - Develop appropriate awareness "pieces" for pediatrician, ob/gyn, and child mental health professional offices	Prevention Committee; consultant	3 High School/College campus FASD awareness events  Implementation of FASD baby bottle campaigns with 10 OB/Gyn clinics
	Provide appropriate training and awareness for school nurses	FASD State Coord. FASD project staff	Conduct 1 school nurse training event
Establish Centralized FASD Data Collection and Analysis for both prevention and intervention surveillance statistical information.	Identify sources of existing data that are available and appropriate, such as:	Prevention Comm., FASD Project staff; consultant; MAP Team Coordinators	Establish partnership with State Health Dept. to apply for a Birth Defect Registry grant from the CDC 9

a. birth defect registry b. school nurses and special ed teachers c. pediatricians' and ob/gyn offices d. health department e. DHS social workers f. mother self-report		
Review other state's reporting systems of FASD to avoid common pitfalls	FASD State Coord.; Consultant	Investigate and develop a report of FASD-related challenges from other states
Obtain technical support and assistance from CDC Surveillance Program regarding this issue	FASD Project staff	Schedule and conduct 1 training by CDC
Use existing project CHOICES as model for identification, collection, and analysis of appropriate prevention FASD surveillance data.	FASD State Coord.	Expand use of project CHOICES model to 2 additional CMHC regions
Use existing DMH intervention grant project as model for identification, collection, and analysis of appropriate intervention FASD surveillance data.	FASD State Coord.	In association with DMH IT, identify and include data elements to be added to the State Data System

# Objective II: Expand/enhance the availability and use of treatment services for children/youth with FASD

Strategy	Activities	Who	Measurable Outcome
Establish broad-based identification, screening, and diagnosis of children/youth with FASD	Provide ongoing training on FASD identification, screening, and referral	FASD State Coord.; FASD Project staff	Conduct training for all 15 CMHCs
	Create appropriate and timely access to FASD diagnostic Services	Project staff; UMC	Conduct a monitoring timeline beginning with screening through diagnostic evaluation
	Promote appropriate FASD screening for children and youth	AC-FASD FASD State Coord.; MAP team Coord.	Train CMHC MAP Team Coordinators on FASD screening and referral process
	Promote identification of at-risk moms by medical professionals	FASD State Coord; AC-FASD	Identify 25 at-risk Mothers
Identify/Address FASD intervention service and support availability throughout the state	Children's Services Coordinators develop a list of FASD interventions and support services offered in the region	CMHC children Services Coords.	Update the State CYS Directory to include FASD interventions and support services
Sustain access and availability of appropriate services/support for children/youth with FASD	Seek appropriate Federal and state funding opportunities	AC-FASD; State Coord., consultant	Identify appropriate funding sources and apply
	Support and coordinate with any state agency their efforts to obtain funding for FASD-related research and/or services.	State Coord.	Partner with at least 1 state agency in applying for FASD-related funding.
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